

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 611 Office of Registrar of Vital Statistics. Ward 9 1/4

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH. D.

Date of Death, June 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 12 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 317 St Paul St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 25 1887

{ Undertaker, Geo. Riceholt Thos J. Ward M. D. Medical Attendant.

{ Place of Business, Health Office Address, 605 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

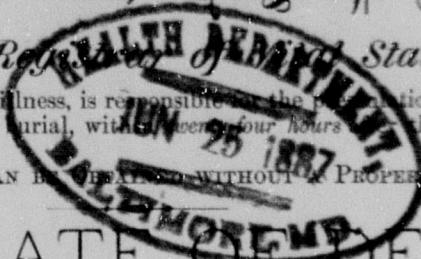
Permit No. A. 612

Office of Registration of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH. B.

Date of Death, 24 June 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Elizabeth Kunkelach

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, 7 Months, 28 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 633 S Patterson Park Avenue

Cause of Death, { First (Primary), Phthisis Pulmonalis with Lung-gates
Second (Immediate), Asthma }

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 27 1887

{ Undertaker, H. Sanders Son }

{ Place of Business, 1710 Carlton St., Address, 313 N Charles St. }

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department City of Baltimore.

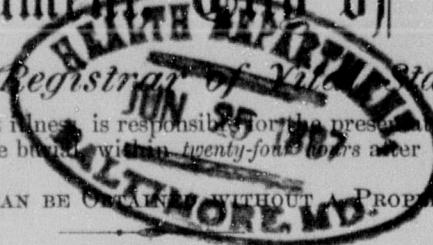
Permit No. A 613

Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 24 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Edward Makall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 — Years, Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, All life.

Place of Death, { Give Street and Number. }

1617 Vincent Av

Cause of Death, { First (Primary), Second (Immediate), }

Typhoid fever

Corona

Duration of Last Sickness,

Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25 1887

{ Undertaker, S W Chase }

{ Place of Business, 641 Howard St }

A C Cole

M. D.

Medical Attendant.

Address, 2102 Madison

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[OVER.]

Health Department City of Baltimore.

Permit No. A 614

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

June 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James H. Matthews

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~~~~

Years, ~~~~~

Months,

16

Days.

Color,

Colored

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Bart.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

During life
575 Clifford St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

575 Clifford St.

Cause of Death, { First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Bennett

Date of Burial, June 26 1887

{ Undertaker, Alex Hensley }

A. H. Hall

M. D.

Medical Attendant.

{ Place of Business, 5610 Charles St. }

Address, 1019 D. Kilian.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 615

Office of Vital Statistics.

Ward 18²

The Physician who attended any person in a last sickness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~in twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



(C)

CERTIFICATE OF DEATH.

Date of Death,

June 25, 87

Full Name of Deceased, { Write legibly and spell correctly. (If an Infant not named, give names of parents.) }

Albert H. Fadelt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, 5 Months, — Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Bather

✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Penn.

Duration of Residence in the City of Baltimore,

3 months.

Place of Death, { Give Street and Number. }

1838 Eagle St.

Cause of Death, { First (Primary), Second (Immediate), }

Mitral Insufficiency

Inflammation of Lungs

Duration of Last Sickness,

3 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 26

{ Undertaker, J. B. Clark

S. W. Wilson M. D.

Medical Attendant.

{ Place of Business, 4003 W. Baltimore Address, 1873, W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

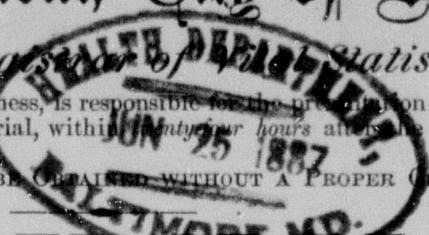
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Health Department, City of Baltimore.

Permit No. A 614 Office of Registrar of Vital Statistics. Ward 18^o

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 24/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo W Adams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 8 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 819 Crop St

Cause of Death, { First (Primary), Second (Immediate), } Dentition Cholera Infantum

4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 26th 1887

Undertaker, Geo Leimbach

Place of Business, 647 Pratt St Address, 622 Paca St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

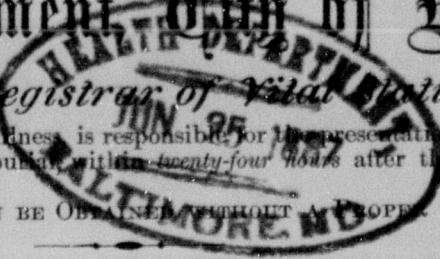
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 617

Office of Registrar of Vital Statistics.

Ward 20



The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie E. White

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Seamstress

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

Seven Years

Place of Death, { Give Street and Number. }

Cor. Stricker and Baker sts.

Cause of Death, { First (Primary),
Second (Immediate), }

Pneumonia

Duration of Last Sickness,

One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Cathedral Cemetery.

Date of Burial, June 27th 1887

Undertaker, Martin Fisher

Place of Business, 606 Mt. Vernon St.

D. Edward Jauray, M. D.
Medical Attendant.

Address, 832 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

Health Department, City of Baltimore.

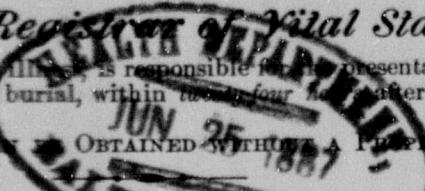
Permit No. A 618

Office of Registration of Vital Statistics.

Ward 8²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PAPER CERTIFICATE.



B
B

CERTIFICATE OF DEATH.

Date of Death,

June 23 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anne A. Schaal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 5 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

832 Neighbor

Cause of Death, { First (Primary),
Second (Immediate), }

Enter- Colitis

Exhaustion

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 25th

Undertaker, H. C. Windfield

Place of Business, 916 Green St.

J. W. Robinson

M. D.

Medical Attendant.

Address, 725 Grand Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A. 619

Office of Registrar of Vital Statistics.

Ward 7^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 24th 1887
Thos. F. Norod

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 1 Years, 1 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation,

Baltimore

Birthplace, { State or country, and how long in the United States, if of foreign birth.

Lifetime

Duration of Residence in the City of Baltimore,

923 Eusot st.

Place of Death, { Give street and number.

Death

Cause of death, { First, (Primary),
Second, (Immediate).

Cholera Morbus & Convulsions

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, June 26thNo. Brooke Bayle M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmt. Av Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

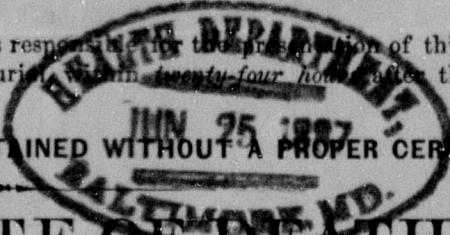
Board of Health, City of Baltimore,

Permit No. A 620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, ~~within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Jordan

Sex, Female, { Cross out the word not required in this line. }

Age, 15 Years, Months, Days.

Color, white Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Lifetim

Place of Death, { Give street and number. } 120 Park av.

Cause of Death, { First (Primary), Grammalism Second (Immediate), Asthma }

Duration of Last Sickness, 4 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 26th 1887

Undertaker, Denny & Mitchell

Place of Business, 201 N. Fayette St

J. John Michael M. D.
Medical Attendant.

937 Madison av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]